Olmstead Update
Addictive and Mental Disorders Division

<u>Key Element Number One</u> – Ensure that appropriate stakeholders participate in the development of the plan and follow up. (Specific details of on-going consumer involvement and dialogue)

- The Addictive and Mental Disorders Division endorses and encourages active participation by consumers, family members, and other stakeholders in the identification and development of community mental health services. The Service Area Authorities (SAA), Local Advisory Committees (LAC), and Mental Health Oversight Advisory Council assist in this role. Each entity maintains a minimum of 50% consumer and family member membership.

- The Mental Health Oversight Advisory Council (MHOAC) has provided valuable input to the Department over the past year.

  The mission of MHOAC is "Partners in planning for recovery based mental health system throughout Montana." The following guiding principles were adopted in 2001. All AMDD initiatives are evaluated using these principles.
  - Recovery and resilience
  - Equity, access and satisfaction
  - Cultural competence
  - Community-based solutions
  - Community education and awareness
  - Flexibility
  - Diversion
  - Address co-occurring disorders
  - Fiscal responsibility

- There are three Service Area Authorities that have the statutory responsibility to collaborate with the Department for the planning and oversight of mental health services within a defined geographic area of the state. These stakeholder groups work closely with AMDD to identify community needs and priorities. The majority of the members of the board of directors of each SAA are either primary or secondary consumers of mental health. All members participate on a voluntary basis; there are no paid staff. AMDD provides some grant funding to assist with the costs of SAA meetings.

<u>Key Element Number Two</u> – Take steps to prevent or correct current and future unjustified institutionalization of individuals with disabilities. (Assessment process)

- AMDD has submitted an application for a Home and Community Based Services (HCBS) Waiver. The waiver will provide community-based services to persons with severe disabling mental illness who meet nursing home level of care criteria. If approved, the waiver would be available in Billings (covering the counties of

Big Horn, Carbon, Rosebud, Stillwater, Sweetgrass, Treasure and Yellowstone), Butte (covering the counties of Silver Bow, Beaverhead, Deer Lodge, Granite and Powell) and Great Falls (covering the counties of Blaine, Cascade, Chouteau, Glacier, Hill, Liberty, Pondera, Teton and Toole) for up to 105 individuals at any given time. The waiver case management team will consist of a registered nurse who is part of the existing waiver for the elderly and disabled administered by the Senior and Long Term Care Division, and a social worker with experience as an intensive case manager working in a licensed mental health center. The waiver was submitted in September 2006. A decision from the Centers for Medicare and Medicaid Services is anticipated in November 2006.

- The Department submitted an application for a Health Insurance Flexibility and Accountability (HIFA) waiver in June 2006. If approved, the proposal will secure Medicaid financing for a portion of the state-funded Mental Health Services Plan (MHSP) beneficiaries. The waiver would enhance the quantity, quality and range of services available to persons with severe disabling mental illness. The service improvements would include: $1.3 million per year in additional funding for the existing Mental Health Services Plan; a physical healthcare benefit for approximately 1500 MHSP recipients a month, who currently do not have physical health care coverage; $200,000 per year for short term in-patient acute psychiatric care; and $240,000 of community block grant to address other system of care issues. Under the waiver, beneficiaries will have the ability to choose from several physical health care benefit plans that best meets their needs.

- Beginning in 2003, AMDD worked with mental health centers to develop a new resource called an Intensive Community Based Rehabilitation Facility (ICBR). This facility provides intensive care and treatment in a group home setting for individuals who have experienced lengthy hospitalizations and who have demonstrated repeated unsuccessful placements in lower level community settings. There are currently four such facilities across the state (Billings, Glendive, Great Falls, Butte) serving up to 24 adults.

- AMDD has expanded the number of Assertive Community Treatment (ACT) teams to five communities (Helena, Billings, Great Falls, Missoula, Kalispell). Each team has the capacity to serve up to 70 clients in the community. ACT is an intensive treatment model in which a team of professionals are available at all times to support and meet the needs of individuals with severe mental illness in the community. Individuals who have been successfully served by an ACT team typically have a lengthy history of institutionalization. This service has proven to be successful in assisting individuals to remain independent in the community and to reduce the days of hospital or non-independent care.

- AMDD, the Department of Corrections and the Governor's office continue to work closely to ensure that mentally ill offenders receive appropriate clinical treatment in a secure facility as an alternative to Montana State Prison.

- Since August 2005, Montana State Hospital has provided supplemental funding to assist individuals who are ready for discharge with the costs associated with community transition. Assistance may take the form of rent or deposit assistance, purchase of necessities for daily living including food, household items, medications, or clothing. This assistance is intended to provide temporary support for a period of time until the individual has applied and qualified for other benefits.

- The AMDD works collaboratively with the Admission, Discharge and Review Team (ADRT) at Montana State Hospital to support communication between hospital staff and community mental health providers and to identify resources that would serve to expedite hospital discharge or would reduce the incidence of re-hospitalization.

- AMDD has five new Community Program Officer positions located in communities across the state. The CPOs are part of the Mental Health Services Bureau and provide support for consumers, families, stakeholders, agencies. CPOs are a liaison between Local Advisory Committees, Service Area Authorities, and the Helena office, and are currently working with communities in the development of county crisis response plans.

- AMDD contracts with First Health Services to provide two adult care coordinators who work closely with Montana State Hospital to ensure more successful community placements. These coordinators are familiar with the community resources available across the state and work cooperatively with community providers to creatively wrap those services around persons discharged from the state hospital to help ensure they are appropriately supported as they transition to community levels of care.

- AMDD contracts with licensed mental health centers to complete the PASRR screening for those persons with a mental illness who meet nursing home level of care criteria. This screening is done annually by licensed mental health professionals.

- AMDD conducted listening tours in 2004 and 2005. The 2004 tour included 8 communities and we heard from over 200 individuals. The 2005 tour included stops in 17 communities, where over 300 individuals talked about the service needs in their communities. We learned that local crisis response services are a critical need and that access to care is compromised because we do not have enough mental health professionals in the state to provide services. AMDD has developed legislative requests for funding to address these and other service issues.

<u>Key Element Number Three</u> – Access to and availability of services (Cross-disability community development – Continuum of care)

- In June 2006, AMDD awarded six contracts for community crisis response. The one-time funding was awarded as follows:
    - Eastern Montana Community Mental Health Center: (1) purchase of an additional portable teleconferencing monitor to expand its capacity to participate in teleconferences with mental health offices and facilities throughout the eastern region; (2) funding for a pilot project that would establish a 30-day eligibility for individuals who are at imminent risk to self or others as manifested by suicidal or homicidal ideations; and (3) supplemental funding for crisis response for MHSP beneficiaries.
    - Center for Mental Health (Great Falls) for the development and administration of a recovery-oriented Crisis Peer Support Pilot Project that will utilize nationally-recognized experts to assist in the development of Medicaid-reimbursable crisis peer support services. The grant will provide funding for a Program Director, support staff, peer training subcontractors, and travel and training expenses. Pilot will be implemented in both urban and rural settings.

    - Rocky Mountain Development Council (Helena) Proposal for creation of a tri-county mental health crisis response partnership with funding oversight responsibilities shared by Lewis & Clark, Jefferson, and Broadwater counties. The grant will support a project director, operation of a non-secure crisis stabilization facility by the Center for Mental Health, and creation of a mobile crisis response team to provide 24/7 professional mental health assistance throughout the tri-county area.

    - South Central Community Mental Health Center (Billings) for purchase and installation of Pathways Compass® case management system in ten rural hospitals in the Eastern Service Area Authority; regional WRAP training; and regional crisis intervention team (CIT) training for law enforcement personnel.

    - Western Montana Community Mental Health Center (Butte) for development of a peer-to-peer consumer recovery and support system and for assistance with funding for the building of a non-medical crisis stabilization facility in Butte.

    - Western Montana Community Mental Health Center (Hamilton) to plan, develop and construct a crisis center for community residential crisis stabilization and/or detox services and additional beds for persons needing longer term stabilization. Grant will support a project coordinator, travel and office expenses, and architectural fees. The grant will also support WRAP training for consumers in Ravalli and western Beaverhead counties.

- AMDD has supported development of evidence-based and promising practices across the state through provider training at little or no cost to the provider agencies. This includes
    - Dialectical Behavior Therapy (DBT) teams at Montana State Hospital, Montana State Prison and Montana Chemical Dependency Center. Billings has five trained teams with one being a youth residential treatment center; Bozeman has four teams and Gallatin Valley DBT Consultation Team which includes eight private practitioners; Butte has three teams which includes an adolescent residential treatment center; Great Falls has two teams; Missoula has three teams; and Helena, Kalispell, Libby, Livingston and Poplar each have one team. This is a service proven effective for individuals who seek high-cost mental health services including emergency rooms and community crisis response.
    - Strength-based case management training has been offered to intensive case managers in both the mental health and chemical dependency systems of care.
    - Continuing training for providers and agencies serving individuals with co-occurring mental illness and substance use disorders. AMDD estimates that at least 60% of the individuals served in either the mental health or the chemical dependency system have co-occurring illnesses. Traditionally, this population is the most complex to serve and has the poorest outcomes. Providers from across the state have participated in specialized training to enhance their ability to provide co-occurring capable services to this population.

<u>Key Element Number Four</u> – Informed Choice (Community or Institutional settings)

- All community mental health centers have consumers read and sign a client bill of rights when accepting services. Medicaid beneficiaries are able to exercise a freedom of choice of provider.
- As a result of strength-based case management training, case managers work closely with consumers to develop a strength-based plan of care that is consumer-directed.
- Many communities now have certified WRAP (Wellness Recovery Action Plan) facilitators who will offer training in development of recovery plans for all interested consumers.

<u>Key Element Number Five</u> – Quality Assurance (Effective management)

- The Mental Health Services Bureau has five persons in the central office that oversee community mental health services for adults with severe disabling mental illness. In addition, the bureau has five community program officers. The field staff help further the Service Area Authority efforts, work to develop needed community crisis services, and provide a direct contact for community persons. Specific quality assurance activities include:
    - Annual Consumer Satisfaction Survey
    - Performance Measurement Data
    - Recovery Markers
    - Prevalence Study contracted through Western Interstate Commission on Higher Education (WICHE)

- AMDD has continued its long-standing commitment to collaboration with consumers and family members. The Mental Health Oversight Advisory Council, Local Advisory Committees, Service Area Authorities, and ongoing relationship with the Mental Health Ombudsman are examples of this collaboration.